MAINE PUBLIC HEALTH ALERT NETWORK SYSTEM



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**ADVISORY - Important Information **

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TO: All Maine Health Alert Network Recipients

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SUBJECT: H1N1 Influenza ("Swine Flu") and New Clinical Guidance on Treatment of

Children and Pregnant Women

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Maine CDC Update on H1N1 Influenza ("Swine Flu") and New Clinical Guidance on Treatment of Children and Pregnant Women

It is announced on the news wires this morning the death of a 23-month old in Texas from H1N1 ("swine flu"). Maine does not have any confirmed cases yet of H1N1 influenza. The Maine CDC's Health and Environmental Testing Laboratory (HETL) tested about three dozen samples on Tuesday April 28th. A number of tests are being conducted today.

The most important strategies to minimize swine flu's impact in Maine are those of **vigilant respiratory hygiene**: covering coughs and sneezes with sleeves or elbows; washing hands frequently; and staying home if ill, especially with a fever.

Additionally, everyone should **stay informed** since this event is rapidly changing and resulting guidance is as well. The U.S. CDC's website has updated national information and guidance, and can be found at: http://www.cdc.gov/swineflu/. Maine CDC's website has updated Maine-specific information, including daily updates starting later today, as well as links to federal information. It can be located at: http://www.maine.gov/dhhs/boh/swine-flu-2009.shtml or found on the Maine CDC's homepage: www.mainepublichealth.gov.

Importantly, everyone should also make preparations. These preparations include <u>activating</u> <u>a pandemic influenza plan</u>. Every hospital, other health care institution, emergency management agency, school business, agency or organization should activate their pandemic influenza plan. If one does not exist, then preparation check lists for a variety of settings including homes, businesses, and schools can be found at: http://www.pandemicflu.gov/plan/checklists.html.

Health care providers should call Maine CDC's 24-hour clinical consultation line (1-800-821-5821) to report a suspected case and obtain testing information including expediting the transportation of samples for testing. Maine CDC's Health and Environmental Testing Laboratory (HETL) will perform influenza RT-PCR tests and subtyping for influenza A positive specimens. Instructions on collecting and submitting laboratory diagnostic specimens for H1N1 influenza testing are available at http://www.maine.gov/dhhs/etl/micro/submitting_samples.htm.

Interim Guidance—Children and Pregnant Women who may be Infected with Swine-Origin Influenza Virus: Considerations for Clinicians

Today CDC issued new interim guidance for clinicians on how to care for children and pregnant women who may be infected with a new influenza virus of swine origin that is spreading in the U.S. and internationally. Children and pregnant women are two groups of people who are at high risk of serious complications from seasonal influenza.

New Interim Clinical Guidance for the Treatment of Children

Little is currently known about how swine-origin influenza viruses (S-OIV) may affect children. However, we know from seasonal influenza and past pandemics that young children, especially those younger than 5 years of age and children who have high risk medical conditions, are at

increased risk of influenza-related complications.

Illnesses caused by influenza virus infection are difficult to distinguish from illnesses caused by other respiratory pathogens based on symptoms alone. Young children are less likely to have typical influenza symptoms (e.g., fever and cough) and infants may present to medical care with fever and lethargy, and may not have cough or other respiratory symptoms or signs. The new interim guidance for clinicians on the prevention and treatment of swine influenza in young children is available at http://www.cdcgov/swineflu/childrentreatment.htm

New Interim Clinical Guidance for the Treatment of Pregnant Women

Evidence that influenza can be more severe in pregnant women comes from observations during previous pandemics and from studies among pregnant women who had seasonal influenza. An excess of influenza-associated deaths among pregnant women were reported during the pandemics of 1918–1919 and 1957–1958. Adverse pregnancy outcomes have been reported following previous influenza pandemics, with increased rates of spontaneous abortion and preterm birth reported, especially among women with pneumonia. Case reports and several epidemiologic studies conducted during interpandemic periods also indicate that pregnancy increases the risk for influenza complications for the mother and might increase the risk for adverse perinatal outcomes or delivery complications.

The new interim guidance for clinicians for the treatment of influenza in pregnant women is available at http://www.cdc.gov/swineflu/clinician pregnant.htm.

Background

Human infections with the newly identified S-OIV that is spreading among humans were first identified in April 2009 with cases in the United States and Mexico. The epidemiology and clinical presentations of these infections are currently under investigation. There are insufficient data available at this point to determine who is at higher risk for complications of S-OIV infection. However because pregnant women and children are known to be at higher risk for complications during seasonal influenza complications and during prior pandemics, it is reasonable to assume that these groups of people may be at higher risk for complications from infection with this new virus.

Additional Information

For additional information about the current influenza outbreak, see: http://www.cdc.gov/swineflu/ or http://www.cdc.gov/swineflu/ or http://www.cdc.gov/swineflu/investigation.htm.